

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09492507	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2		/	/	/			52		/		/		
3		/		/			53		/		/		
4		/		/			54		/		/		
5		/		/			55		/	/			
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		/		/		
9		/		/			59		/		/		
10		/		/			60		/		/		
11		/		/			61	/		/			
12		/		/			62	/		/			
13		/	/				63		/		/		
14		/		/			64		/		/		
15		/	/				65	/		/			
16		/		/			66		/		/		
17		/		/			67		/		/		
18		/		/			68	/		/			
19		/	/				69		/		/		
20		/		/			70	/		/			
21		/		/			71	/		/			
22		/		/			72		/		/		
23		/	/				73	/		/			
24		/		/			74		/		/		
25		/		/			75		/		/		
26		①		/			76		/		/		
27		/	/				77		/	/			
28		/		/			78		/		/		
29		/		/			79		/		/		
30		/		/			80		/	/			
31		/		/			81		/		/		
32		/		/			82		/	/			
33		/		/			83		/	/			
34		/		/			84		/		/		
35		/		/			85		/		/		
36		/	/				86		/		/		
37		/		/			87		/		/		
38		/		/			88		/		/		
39		/	/				89	/		/			
40		/		/			90		/		/		
41		/		/			91		/		/		
42		/		/			92		/		/		
43		/	/				93		/		/		
44		/		/			94	/		/			
45		/	/				95		/		/		
46		/		/			96		/		/		
47		/		/			97		/		/		
48		/		/			98	/		/			
49		/		/			99		/		/		
50	/		/				100		/		/		
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09692807		FILING DATE		
							APPLICANT(S)				
CLAIMS											
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.
101		1		1				51			
102			1		1			52			
103			1		1			53			
104			1		1			54			
105			1		1			55			
106			1		1			56			
107			1		1			57			
108			1		1			58			
109			1		1			59			
110		1						60			
111			1					61			
112			1					62			
113		1						63			
114		1						64			
115		1						65			
116			1					66			
117			1					67			
118			1					68			
119		1		1				69			
120			1		1			70			
121		1		1				71			
122			1					72			
123			1					73			
124			1					74			
125								75			
126			1					76			
127			1					77			
128			1					78			
129			1					79			
130			1					80			
131								81			
132								82			
133								83			
134								84			
135								85			
136								86			
137								87			
138								88			
139								89			
140								90			
141								91			
142								92			
143								93			
144								94			
145								95			
146								96			
147								97			
148								98			
149								99			
150								100			
TOTAL IND.	19							TOTAL IND.			
TOTAL DEP.	111							TOTAL DEP.			
TOTAL CLAIMS	130							TOTAL CLAIMS			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 0949207	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
201	1						51				
202		1					52				
203		1					53				
204		1					54				
205		1					55				
206		1					56				
207		1					57				
208		1					58				
209		1					59				
210	1						60				
211		1					61				
212		1					62				
213	1						63				
214	1						64				
215	1						65				
216		1					66				
217		1	1				67				
218		1		1			68				
219	1		1				69				
220		1		1			70				
221	1						71				
222		1					72				
223		1					73				
224		1					74				
225		1					75				
226		1					76				
227		1					77				
228		1					78				
229		1					79				
230		1					80				
231							81				
232							82				
233							83				
234							84				
235							85				
236							86				
237							87				
238							88				
239							89				
240							90				
241							91				
242							92				
243							93				
244							94				
245							95				
246							96				
247							97				
248							98				
249							99				
250							100				
TOTAL IND.	19		31				TOTAL IND.				
TOTAL DEP.	111		155				TOTAL DEP.				
TOTAL CLAIMS	130		186				TOTAL CLAIMS				